PTAX-340 2026 Low-Income Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Last date to apply: 04/15/2026

Print Form

Part 1: Applicant information (Please type or print.)

1 _____
First name MI Last name

2 _____
Mailing address

_____
City State ZIP

3 _____
Tax ID number

4 ___ ___ / ___ ___ / ___ ___ ___ ___
Date of birth (month, day, year)

5 ( ) -
Area code and phone number Email address

Part 2: Property information

1 _____
Street address of property for which this exemption application is filed Township

_____ IL _____
City ZIP County

2 _____
Property (parcel) index number (PIN)

Note: The PIN is shown on your property tax bill. You also may obtain it from your chief county assessment officer (**CCAO**). If you cannot obtain the PIN, attach a copy of the legal description.

3 Have you or your spouse received this exemption for this property previously? ____ Yes ____ No
If you answered "Yes", write the base year, if known. ___ ___ ___ ___

4 If your spouse maintains a separate residence, has he or she applied for this exemption? ____ Yes ____ No

Part 3: Household income for 2025

You must include the income of you, your spouse, and all other individuals who live in your household.

1	Social Security and SSI benefits. Include Medicare deductions in this total.	1	_____ | ____
2	Railroad Retirement benefits. Include Medicare deductions in this total.	2	_____ | ____
3	Civil Service benefits	3	_____ | ____
4	Annuities, federally taxable pensions and retirement plan distributions.	4	_____ | ____
5	Human Services and other governmental cash public assistance benefits	5	_____ | ____
6	Wages, salaries, and tips from work	6	_____ | ____
7	Interest and dividends received	7	_____ | ____
8	Net rental, farm, and business income or (loss). *(See instructions for Line 8.)*	8	_____ | ____
9	Net capital gain or (loss). *(See instructions for Line 9.)*	9	_____ | ____
10	Other income or (loss). *(See instructions for Line 10.)*	10	_____ | ____
11	Add Lines 1 through 10.	11	_____ | ____

12 Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040, Schedule 1, Line 26.

	Subtraction item	Amount
12a	_____	_____ | ____
12b	_____	_____ | ____

Add the amounts on Lines 12a and 12b, and write the result. 12 _____ \| ____

13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2025. If the amount is greater than $75,000, **STOP**. You do not qualify for this exemption. 13 _____ \| ____

Do not write in this space.

Date received	_____	Income verified	____ Yes ____ No
Application number	_____	Base year EAV	$_____
Base year	___ ___ ___ ___	Revised base year EAV	$_____
Revised base year	___ ___ ___ ___	EAV of added improvements	$_____
Approved	____ Yes ____ No	Base amount	$_____

Part 4: Affidavit

Sworn under oath, I state the following:

1 *(Mark the statement that applies.)*
On January 1, 2026, the property identified in Part 2, Line 1, was improved with a permanent structure

a ____ that I used as my principal residence.

b ____ for which I received this exemption previously and is either unoccupied or used as my spouse's principal residence. I am now a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually disabled/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act of 2013.

Name of facility _____ Mailing address _____

2 *(Mark the statement that applies.)*
On January 1, 2026, I

a ____ was the owner of record of the property identified in Part 2, Line 1.

b ____ had a legal or equitable interest by a written instrument in the property listed in Part 2, Line 1.

c ____ had a leasehold interest in the property identified in Part 2, Line 1, that was used as a single-family residence.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1.
Note: If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2, and 3 for this property on January 1, 2025.

4 *(Mark the statement that applies.)*

a ____ In 2026, I am, or will be, 65 years of age or older.

b ____ In 2026, my spouse, who died in 2026, would have been 65 years of age or older. *(Complete the following information.)*

Deceased spouse's name _____ Tax ID number _____

Date of birth (month, day, year) ___/___/_____ Date of death (month, day, year) ___/___/_____

5 The property identified in Part 2, Line 1, is the only property for which I am applying for a low-income senior citizens assessment freeze homestead exemption for 2026.

6 The amount reported in Part 3, Line 13, of this form includes the income of my spouse and all persons living in my household and the total household income for 2025 is $75,000 or less.

7 On January 1, 2026, the following individuals also used the property identified in Part 2, Line 1, for their principal residence. My spouse is included if he or she used the property as his or her principal dwelling place on January 1, 2026. The total income of all individuals and my spouse (regardless of his or her principal residence) are included in Part 3. *(Attach an additional sheet if necessary.)*

	First and last name	Tax ID number
a		
b		

8 *(Mark the statement that applies.)*
On January 1, 2026, I was

a ____ single, widow(er), or divorced. **b** ____ married and living together. **c** ____ married, but not living together.

My spouse's name and address is _____
First name MI Last name

_____
Street Address City State ZIP

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.

Signature of applicant _____ Date (month, day, year) ___/___/_____

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.

Mail your completed Form PTAX-340 to:

WHITE County Chief County Assessment Officer

323 E MAIN ST
Mailing address

CARMI IL 62821
City ZIP

If you have any questions, please call:

(618) 382 — 2332

Last date to apply 4 / 1 5 / 2 0 2 6
Month Day Year

This form is authorized in accordance with the Illinois Property Tax Code. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

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